## PATENT APPLICATION LEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |               |   |                       |                               |                              |                  |          | SMALL ENTITY TYPE |                                       |        | OTHER THAN SMALL ENTITY |                        |   |
|---|---------------|---|-----------------------|-------------------------------|------------------------------|------------------|----------|-------------------|---------------------------------------|--------|-------------------------|------------------------|---|
| TOTAL CLAIMS  |               |   |                       |                               |                              |                  | ĺ        | RATE              | FEE                                   | OR<br> | RATE                    | FEE                    | İ |
| FOR   |               |   | NUMBER FILED          |                               | NUMB                         | ER EXTRA         |          | BASIC FEE         | 370.00                                | OR     | BASIC FEE               | 740.00                 | İ |
| TOTAL CHARGEABLE CLAIMS   |               |   | 58 minus 20= * 38     |                               |                              |                  |          | X\$ 9=            |                                       | OR     | X\$18=                  | 684                    | ı |
| INDEPENDENT CLAIMS  |               |   | # minus 3 = * #       |                               |                              |                  |          | X42=              |                                       | OR     | X84=                    | 12/1                   | ŀ |
| ML  | ILTIPLE DEPEN | DENT CLAIM PI                             | RESENT                |                               |                              |                  |          | +140=             | •                                     |        |                         | 700                    | l |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |               |   |                       |                               |                              |                  |          |                   | OR                                    |        | 10 CM                   | $\left\{ \right.$      |   |
| CLAIMS AS AMENDED - PART II   |               |   |                       |                               |                              |                  |          | TOTAL             | · .                                   | OR     | OTHER                   | <i>ΠΑΨ</i><br>ΤΗΔΝ     | ł |
|   |               | (Column 1)                                | (Column 2) (Column 3) |                               |                              | (Column 3)       |          | SMALL ENTITY      |                                       |        | SMALL                   |                        |   |
| AMENDMENT A   |               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                |        | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|   | Total         | *   | Minus                 | **                            |                              | =                |          | X\$ 9=            |                                       | OR     | X\$18=                  |                        | l |
|   | Independent   | *   | Minus                 | ***                           |                              | =                |          | X42=              |                                       | OR     | X84=                    |                        | 1 |
|   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEP           | ENDEN                         | T CLAIM                      |                  |          | +140=             |                                       | OR     | +280=                   |                        |   |
|   |               |   |                       |                               |                              |                  | L        | TOTAL             |                                       |        | TOTAL<br>ADDIT. FEE     |                        | 1 |
| (Column 1) (Column 2) (Column 3)  |               |   |                       |                               |                              |                  |          | ADDIT. FEE        |                                       |        | AUUII. FEE              | <del></del>            | 1 |
| AMENDMENT B   |               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       |                               |                              | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                |        | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|   | Total         | *   | Minus                 | **                            |                              | =                |          | X\$ 9=            |                                       | OR     | X\$18=                  |                        |   |
|   | Independent   | *   | Minus                 | ***                           |                              | =                |          | X42=              |                                       | OR     | X84=                    |                        | 1 |
|   | FIRST PRESE   | NTATION OF M                              | JUNPLE DEP            | ENDEN                         | CLAIM                        |                  | ¹        | +140=             |                                       | OR     | +280=                   |                        |   |
|   |               |   |                       |                               |                              |                  | L        | TOTAL             |                                       | OR     | TOTAL                   | <del></del>            | 1 |
|   |               | (Column 1)                                |                       | (Colu                         | mn 2)                        | (Column 3)       | ,        | ADDIT. FEE        | · · · · · · · · · · · · · · · · · · · |        | ADDIT. FEE              | l                      | 1 |
| AMENDMENT C   |               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                |        | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|   | Total         | *   | Minus                 | **                            |                              | =                |          | X\$ 9=            |                                       | OR     | X\$18=                  |                        | 1 |
|   | Independent   | *   | Minus                 | ***                           |                              | =                |          | X42=              |                                       | OR     | X84=                    |                        | 1 |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF           | PENDEN                        | TCLAIM                       |                  | <b>J</b> | +140=             |                                       |        | +280=                   |                        | ٦ |
|   |               | mn 1 is less than t                       |                       |                               |                              |                  | . L      | TOTAL             |                                       | OR     | TOTAL                   |                        | 4 |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |               |   |                       |                               |                              |                  |          |                   |                                       |        |                         |                        | 1 |